

PUBLIC INFORMATION & COMMUNICATION SERVICES (PICS)  
NIH - TASK ORDER

RFTOP# TITLE: 2 Spanish Brochures - NINDS

**PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS**

**A. POINT OF CONTACT NAME:** Larry Manning  
Phone: 301-402-3067 Fax: (301) 435-8514

Proposal Address:  
6011 Executive Blvd., Rm. 537F  
Rockville, MD 20892-7663

Billing Address:  
Accounts Payable, OFM, NIH  
Bldg. 31, Rm. B1B39  
Bethesda, MD 20892-2045

**B. PROPOSED PERIOD OF PERFORMANCE:** *132 days from date of award.*

**C. PRICING METHOD:** *Firm Fixed Price or Time and Material*

**D. PROPOSAL INSTRUCTIONS:** Submit electronically to the POC. *Contractor will submit sample Spanish translations of patient-education brochures. Translations should be understandable to a general, non-medical audience, ie, patients and families. If firms have no specific samples, they may submit similar samples.*

**E. RESPONSE DUE DATE:** July 1, 2004

**F. TASK DESCRIPTION:**

The NINDS requests that the following brochures be translated from English into Spanish:

1. Spinal Cord Injury (12,084 English words)
2. Epilepsy (14,708 English words)

The NINDS will provide the contractor with electronic Word documents and hard copies of these two (2) brochures in English. Translations will be submitted to the NINDS (as electronic Word documents) on the following schedule:

1. Spinal Cord Injury: due to NINDS 3 months (66 working days) after issuance of contract
2. Epilepsy: due to NINDS 6 months (132 working days) after issuance of contract

G. EVALUATION FACTORS.

1. *Prior experience producing Spanish-language translations on medical topics.*
2. *Cost.*

TO # NICS- TITLE: 2 Spanish Brochures - NINDS  
PART II - CONTRACTOR'S REPLY: CONTRACT #263-01-D-0 \_\_\_\_\_

Contractor:

Points of Contact:

Phone-

Fax-

Address:

TOTAL ESTIMATED COST:

Pricing Method

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE

CONTRACTOR: \_\_\_\_\_

Signature

Date

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### SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM  
SUBMITTED THE BEST OVERALL PROPOSAL AND THE PRICE/COST IS REASONABLE.

Billing Reference # \_\_\_\_\_

Appropriations Data: \_\_\_\_\_

RECOMMENDED:

FAX #

Signature - Project Officer

Date

APPROVED: \_\_\_\_\_

FAX #

Signature - Contracting Officer

Date

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### NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER AMOUNT  
WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & PICS COORDINATOR

APPROVED: \_\_\_\_\_

Signature -Molly Eng., NIH-PICS Coordinator

Date

